SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

X 11a	11b	11c	12
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial)
Aaron J. Valentine

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

FEC ID number of contributing
federal political committee. C

Name of Employer
Preferred Mutual Insurance Company

Occupation
Senior Vice President, Treasurer & CFO

Receipt For:
Primary   General
Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2011

Transaction ID : 83B5097F8BCC232BC6E

Amount of Each Receipt this Period
60.00

Aggregate Year-to-Date ▼
780.00

B. Full Name (Last, First, Middle Initial)
Robert J. Wagner

Mailing Address PO Box 618

City	State	Zip Code
Columbia	MO	65205-0618

FEC ID number of contributing
federal political committee. C

Name of Employer
Columbia Mutual Insurance Company

Occupation
Chairman

Receipt For:
Primary   General
Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2011

Transaction ID : E1D5A488286348540FC

Amount of Each Receipt this Period
1000.00

Aggregate Year-to-Date ▼
1000.00

C. Full Name (Last, First, Middle Initial)
Jerry Wallace

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

FEC ID number of contributing
federal political committee. C

Name of Employer
Auto-Owners Insurance Company

Occupation
Assistant Manager

Receipt For:
Primary   General
Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2011

Transaction ID : 4BD138128F07FDA372F

Amount of Each Receipt this Period
250.00

Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional).. ▶   1310.00

TOTAL This Period (last page this line number only)............................. ▶

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